



City of Southampton

ANNUAL REPORT

on the

SCHOOL HEALTH SERVICE

For the Year 1966

by

ANGUS MCGREGOR,

M.A., M.D., D.P.H.

*Principal School Medical Officer to the
City of Southampton*



*With the Compliments of
The Principal School Medical Officer*

**CENTRAL HEALTH CLINIC
EAST PARK TERRACE
SOUTHAMPTON**

S09 4WN



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Medical Officer of Health and Principal School Medical Officer:

ANGUS MCGREGOR, M.A., M.D., D.P.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer:

W. P. CARGILL, B.SC., M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H.

Senior Medical Officer:

CATHERINE M. ATKINS, M.B., CH.B.

School Medical Officers:

HENRIETTA H. BRADBURY, M.B., B.CH., B.A.O. (Commenced 1.4.66)

BETHAN DAVIES, M.R.C.S., L.R.C.P.

A. C. FRANKS, M.A., M.B., B.CH., M.R.C.S., L.R.C.P., D.T.M. & H.

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F. R. T. HOLLINS, B.A., M.A., B.CH., B.A.O., D.P.H.

MARTHA LEBERMANN, M.D.

J. J. PHILLIPS, M.B., CH.B.

H. D. ROSSITER, M.B., B.CH., D.P.H.

PAULINE M. SEYMOUR-COLE, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H. (Left 28.2.66)

D. J. STEWART, M.D., CH.B. (Left 30.4.66)

Consultants:

Ear, Nose and Throat: BERNARD SUGDEN, M.B., B.S., M.R.C.S., L.R.C.P., D.L.O.*

Ophthalmic: J. KEYMS, B.A., M.D., CH.B., B.A.O.†

JANET C. SIMPSON, M.A., B.D., CH.B., D.O.†

C. B. WALKER, M.A., B.A., M.B., B.CHIR., F.R.C.S.*

* By arrangement with the Regional Hospital Board.

† Employed on a sessional basis.

Consultant Psychiatrists:

L. B. BARTLET, M.B., CH.B., D.P.M., D.C.H.

Medical Director

LOTTE ROSENBERG, M.D., D.P.M.

W. H. ALLCHIN, M.A., M.D., CH.B., D.P.M.

E. C. NELSON, M.B., CH.B., D.P.H., D.C.H., D.P.M.

{ Consultant Psychiatrists
employed by the Wessex
Regional Hospital Board.
{ Senior Registrar em-
ployed by the Wessex
Regional Hospital Board.

Educational Psychologists:

I. R. FERGUSON, M.A., ED.B.

MRS. E. M. GOULD, M.A., M.LITT. (Part-time) (Commenced 2.3.66)

Therapist and Psychologist:

MRS. E. ELLINGHAM, DIP.PSYCH.

Psychiatric Social Workers:

MISS ISHBEL BEATTY, A.A.P.S.W.

MISS C. R. EAST, A.A.P.S.W. (Commenced 1.3.66)

MISS A. TRUSSLER, A.A.P.S.W.

Principal Dental Officer:

ALAN EDWARDS, F.D.S.R.C.S.

Consultant Anaesthetist:

W. L. M. BIGBY, M.B.E., M.B., B.S., F.F.A.R.C.S (Part-time)

J. G. MANNERS, M.B., CH.B., F.F.A.R.C.S. (Part-time)

School Dental Officers:

D. T. DAVIS, L.D.S.R.C.S.

MRS. K. D. NIJENHUIS, L.D.S.R.C.S.

J. H. THOMSON, L.D.S.R.C.S.

MRS. F. E. TOPAN, Stat. Exam. (B.D.S., Bombay)

MISS B. H. BLACK, B.D.S. (Part-time)

Dental Auxiliaries:

MISS D. J. POLLARD (Commenced 5.9.66)

MISS J. J. A. SORRELL (Left 28.2.66)

MISS M. C. SUPPLE

MISS K. WILDER (Commenced 3.1.66)

Speech Therapists:

MRS. D. M. WALKER, L.C.S.T., A.L.A.M. (Senior Speech Therapist)

MRS. J. CALLAWAY, L.C.S.T. (Left 30.6.66)

MRS. P. A. BROOKES, L.C.S.T. (Part-time)

MRS. M. J. OLDEN, L.C.S.T. (Part-time)

Physiotherapist:

W. F. ARCHER, M.R.C.G. (Commenced 1.9.66)

A. B. BEAVIS, M.C.S.P., M.R.S.H. (Left 31.5.66)

Superintendent Health Visitor:

MISS W. M. C. MELHUISH, S.R.N., S.C.M., H.V. (CERT.), F.R.S.H., DIP. SOCIAL STUDIES (LOND.)

Deputy Superintendent Health Visitor:

MISS E. M. CLARKE, S.R.N., S.C.M., S.T.D., H.V. (CERT.)

Principal Administrative Assistant:

W. M. WATTS

Administrative Assistant:

H. DICKINSON

To the Chairman and Members of the Education Committee.

MADAM CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report of your Principal School Medical Officer on the work of the School Health Service in Southampton during 1966.

The routine work of the service continued much as usual during the year but emphasis was increasingly placed on the need to identify, assess and promote the care of handicapped children. Time was found for this by systematically reducing all unproductive work as far as possible and transferring tasks requiring lesser training to staff other than doctors or school nurses. Details of the work done with handicapped children will be found in the body of the Report.

Two new clinics were opened during the year, one at Townhill Park and the other at Thornhill. There were, as usual, a substantial number of staff changes and I would just like to draw attention to the retirement of Mr. MacKeith, the Ear, Nose and Throat Consultant. Mr. MacKeith has been of the greatest possible assistance for many years and will be sorely missed. May I also here allude briefly to the untimely death of Mr. Cresswell, the Headmaster of Netley Court School, who also had a special place in the affection of the service.

I should again like to express my thanks to the officers of the many departments and voluntary societies who contribute so much to the welfare of the service. In particular I should like to thank the Chief Education Officer, Head Teachers and School staff.

May I take this opportunity to offer to the Chairman and Members of the Education and School Health Joint Sub-Committees my thanks for their support and encouragement.

I am, Madam Chairman, Ladies and Gentlemen,

Your obedient Servant,

ANGUS MCGREGOR,

Principal School Medical Officer.

SCHOOL HEALTH SERVICE

STATISTICAL TABLES

and

PROGRESS REPORT

1966

Section

- I. School medical inspection.**
- II. The work of the municipal clinics.**
- III. Handicapped pupils.**

Appendix

- A. Medical inspection and treatment return.**
- B. School meals, adexolin and milk.**

I—SCHOOL MEDICAL INSPECTION

Analysis of Maintained School Departments and School Population on 31st December, 1966.

School Departments	Number	School Population
Primary	64	21,297
Secondary	18	10,961
Grammar	4*	3,066
Special	4	208
TOTALS	90	35,532

* St. Anne's Grammar School is not included in this figure as it is a direct grant school and not maintained by the Local Education Authority.

Number of children examined

School	Boys	Girls	Total
GRAMMAR SCHOOLS			
Grammar School for Girls	—	94	94
Itchen	39	44	83
King Edward VI	144	—	144
St. Anne's	—	86	86
Taunton's	132	—	132
SECONDARY			
Bitterne Park	76	61	137
Deanery	18	93	111
Deanery Annexe	101	—	101
Glen Eyre	103	97	200
Hampton Park	37	48	85
Hightown	—	—	—
Merry Oak	132	—	132
Millbrook	126	107	233
Moorhill	38	52	90
Mount Pleasant	—	50	50
Redbridge	75	75	150
Regent's Park	126	84	210
St. George's R.C.	53	63	116
Shirley Warren	91	68	159
Sholing	—	126	126
Western	40	30	70
Weston Park	117	116	233
Woolston	60	49	109
INFANTS AND JUNIORS			
Aldermoor Infants	48	59	107
Aldermoor Juniors	50	42	92
Banister Infants	55	56	111
Bassett Green Infants	125	125	250
Bassett Green Juniors	68	73	141
Beechwood Juniors	86	86	172
Bevois Town Infants and Juniors	55	50	105
Bitterne C. of E. Infants	19	9	28
Bitterne C. of E. Juniors	48	52	100
Bitterne Manor Infants and Juniors	38	26	64
Bitterne Park Infants	98	81	179
Bitterne Park Juniors	54	53	107
Central Infants	43	48	91
Central Juniors	49	50	99
Foundry Lane Infants	68	58	126
Foundry Lane Juniors	60	52	112
Freemantle Infants and Juniors	37	41	78
Glenfield Infants	54	41	95
Harefield Infants	21	34	55

School	Boys	Girls	Total
INFANTS AND JUNIORS			
Harefield Juniors	44	37	81
Heathfield Infants	54	42	96
Heathfield Juniors	41	48	89
Highfield Infants and Juniors	52	48	100
Hightown Infants	35	32	67
Hightown Juniors	—	—	—
Hollybrook Infants and Juniors	44	44	88
Holy Family R.C. Infants and Juniors	41	47	88
Kanes Hill Infants	54	48	102
Ludlow Infants	60	58	118
Ludlow Juniors	72	79	151
Mansbridge Infants and Juniors	33	34	67
Mansel Infants	58	49	107
Mansel Juniors	38	51	89
Moorhill Infants and Juniors	40	45	85
Newlands Infants	54	54	108
Newlands Juniors	32	34	66
Northam Infants and Juniors	17	23	40
Portswood Infants and Juniors	33	37	70
Redbridge Infants and Juniors	33	23	56
St. Deny's Infants	42	33	75
St. Deny's Juniors	18	20	38
St. John's Infants and Juniors	33	44	77
St. Jude's Infants	26	33	59
St. Mark's Juniors	40	27	67
St. Mary's Infants and Juniors	46	42	88
St. Monica Infants and Juniors	64	52	116
Shirley Infants	86	99	185
Shirley Juniors	75	73	148
Shirley Warren Infants	42	31	73
Shirley Warren Juniors	37	43	80
Sholing Infants	62	54	116
Sholing Juniors	49	43	92
Springhill Infants and Juniors	77	72	149
Swaythling Infants and Juniors	71	47	118
Tanners Brook Infants	50	49	99
Tanners Brook Juniors	39	37	76
Thornhill Infants	74	67	141
Thornhill Juniors	63	74	137
Weston Park Infants	55	58	113
Weston Park Juniors	87	60	147
Wimpson Infants	47	58	105
Wimpson Juniors	49	47	96
Woolston Infants	29	30	59
Woolston R.C. Infants and Juniors	47	50	97
SPECIAL SCHOOLS			
Aster House (Spastic)	9	9	18
Netley Court (Day E.S.N.)	50	47	97
Netley Court Annexe (Day E.S.N.)	36	44	80
Portswood Diagnostic Unit	4	—	4
TOTALS ..	4,826	4,555	9,381

Number of children examined

Entrants	..	..	..	..	..	..	..	3,355
Leavers	..	..	..	..	..	..	..	2,830
Others	..	..	..	..	..	..	..	3,196
TOTAL								9,381

Attendances of Parents

The percentage of parents present at school medical inspections during 1966 is given below, together with comparative figures for the previous five years.

		1966	1965	1964	1963	1962	1961
Entrants		93.4	94.4	92.3	90.1	91.6	92.3
Leavers		27.1	52.6	36.7	42.3	37.4	39.3
Others		72.3	87.1	71.2	61.5	74.8	77.0
TOTALS	..	64.3	78.3	67.8	63.6	66.3	68.2

Defects found

The following table gives details of defects found requiring treatment or observation.

	Entrants		Leavers		Others		Total	
	No.	%	No.	%	No.	%	No.	%
Defective Vision and Eye Disease:								
Defective Vision	446	13.4	597	21.1	519	16.3	1562	16.7
Squint	120	3.4	18	0.6	38	1.2	176	1.8
.. Other Conditions	25	0.8	11	0.4	30	0.9	66	0.6
TOTALS ..	591	17.6	626	22.1	587	18.4	1804	19.1
Nose and Throat ..	695	20.7	83	2.9	306	9.6	1084	11.6
Ear Disease and Defective Hearing:								
Defective Hearing	236	7.0	36	1.3	108	3.4	380	4.1
Otitis Media ..	77	2.3	7	0.2	28	0.9	112	1.2
Other Ear Diseases	64	1.9	11	0.4	23	0.7	98	1.0
TOTALS ..	377	11.2	54	1.9	159	5.0	590	6.3
Orthopaedic and Postural Defects:								
Posture	54	1.6	47	1.7	61	1.9	162	1.7
Feet	255	7.6	121	4.3	155	4.9	531	5.8
Other Deformities	126	3.8	71	2.5	83	2.6	280	2.9
TOTALS ..	435	13.0	239	8.5	299	9.4	973	10.4

Following up

The following up of the defects found to require treatment or observation may be divided into two sections, namely the re-examination by medical officers of the cases referred at routine medical inspection and the subsequent following up by health visitors of the cases for which treatment has not been obtained.

Visits paid to the homes by the health visitors:

Dental cases	..	..	..	..	..	18
Vision cases	..	..	..	..	..	73
Ear, Nose and Throat cases	..	..	..	..	..	43
Skin cases	..	..	..	..	..	64
E.S.N. cases	..	..	..	..	..	53
Orthopaedic cases	..	..	..	..	..	42
Other cases	..	..	..	..	..	593
						886
Children seen at schools	..	..	..	..	..	806
						1,692

Uncleanliness

Under the Authority's scheme health visitors and assistant nurses conduct head examination of children in school at the beginning of each term. Examinations are not carried out at the 22 schools where no infestation has been reported during the past two years, but an inspection is made if and when it is felt necessary.

During the year, 200 children were found to be infested and of these 91 were issued with cleansing notices.

Facilities for cleansing children are provided at all of the Authority's school clinics and during the year 218 children were cleansed. The following table shows the frequency of attendances:

177	Children	attended	once
35	„	„	twice
6	„	„	three times

Weight and Height Measurements

The weighing and measuring of children are carried out periodically at all schools. Statistics for previous years are shown below for comparison.

	Boys			Girls		
	No. of Children	Weight lbs. ozs.	Height inches	No. of Children	Weight lbs. ozs.	Height inches
5 years						
1966	688	42 9.4	43.1	640	41 12.0	42.7
1965	408	42 1.2	42.9	420	41 6.4	42.7
1964	539	42 7.0	43.1	497	40 12.0	42.5
1963	543	42 13.1	43.1	611	41 11.8	42.4
1962	700	41 13.6	42.5	680	41 7.5	42.6
8 years						
1966	18	52 —	47.9	19	58 9.7	49.1
1965	20	57 9.0	48.9	30	51 7.3	47.8
1964	30	56 11.7	48.9	22	54 13.7	48.7
1963	32	57 13.9	48.9	30	55 13.7	48.2
1962	35	58 13.7	49.5	11	54 10.9	47.5
12 years						
1966	196	79 12.0	55.7	270	79 2.9	54.7
1965	64	80 11.3	60.0	69	87 11.6	56.2
1964	71	85 4.5	57.8	83	91 5.3	58.1
1963	83	82 14.7	56.6	76	87 11.2	58.3
1962	94	84 12.6	57.3	89	90 2.1	57.7
14 years						
1966	693	116 0.2	62.6	750	108 8.8	61.3
1965	596	113 11.1	63.5	661	116 4.2	62.5
1964	520	112 10.9	63.8	695	112 9.9	62.2
1963	785	111 12.0	63.3	1,067	110 1.0	61.4
1962	790	109 10.3	62.5	846	112 —	63.1

Private Schools

The following schools were visited by the School Medical Officer during the year:

Atherley
Convent High

II—THE WORK OF THE MUNICIPAL CLINICS

School Clinics

With the opening of Townhill Park and Thornhill there are now ten Health Clinics (listed below), nine of which provide clinic facilities for children in the suburbs of Southampton. In addition to the general facilities provided the Central Clinic also accommodates the specialist clinics—Ear, Nose and Throat, Ophthalmic, Minor Orthopaedic and Child and Family Guidance Clinics. The administrative staff are also housed in the Central Clinic.

Bitterne Park Clinic, Thorold Road
Central Health Clinic, East Park Terrace
Harefield Clinic, Exford Avenue
Millbrook Clinic, Helvellyn Road
Oatlands House Clinic, Winchester Road
Surrey House Clinic, Sullivan Road
Swaythling Clinic, Mayfield Road
Sydney House Clinic, Peartree Avenue
Thornhill Clinic, Farringford Road
Townhill Park Clinic, Benhams Road.

The work in the various clinics followed the pattern of previous years, with the usual troubles and minor ailments being observed and treated. Millbrook reports that infective conditions have been less this year and that problems of general health and debility appear to have been all minor ones. There were, however, a few varied behaviour problems all traceable to marital disharmony and which were mainly referred to the Child and Family Guidance Clinic.

Swaythling Clinic reports that parents bringing children on account of emotional disturbances and psychosomatic complaints, often appeared rather over-anxious themselves, and in the more severe cases psychiatric social workers were called in for help.

Oatlands House reports that the number of children with adjustment difficulties and psychological problems appears to be increasing. The reasons are various, but shortage of suitable housing at a rent which can be afforded, broken homes, domestic disharmony, parental insufficiency and the presence of unwanted and unplanned offsprings rank high among the causes.

At Surrey House Clinic there was one case of outstanding clinical interest, a child with almost complete aphasia of congenital origin. This is a very rare condition and the child's progress is being very closely followed with interest. The girl has now been placed at a residential school for children with severe speech defect.

There was a constant stream of verrucas and warts which involved a considerable amount of the staff's time. Successful treatment of verrucas continued, many children being referred to the clinics by their general practitioners. Bitterne Park Clinic reports that one child who was treated successfully by two applications of Acid Salicylic ointment 90% had been attending a private foot clinic for over a year.

All clinics report the success of the bell apparatus in the treatment of enuretics and with the lengthy waiting lists it was decided that each centre should have two of these units at its disposal.

Dental Clinic

Mr. Alan Edwards, the Principal Dental Officer, submits the following report:

Routine work has continued much as in the preceding year. There have been fewer changes in staff, recruitment having been limited to one additional dental auxiliary. The number of dental officers remained unchanged, having reached the present authorised establishment. All primary schools west of the Itchen were visited for dental inspection one or more times during the year; the majority of the remainder were visited on one occasion. Coverage of secondary schools has not been attempted. The treatment of handicapped children has continued.

This year has seen the termination of the experimental scheme for dental auxiliaries with the announcement that they are to become a permanent institution. The details of arrangements for their registration employment and scope of work now await a parliamentary Order in Council. There are three of these ladies working in this department and this would seem to be the maximum number which can be employed within our existing structure. They have been engaged chiefly upon treatment, with some work in dental health education. It is hoped in the future to spend more time upon this latter aspect. The routine application of solutions of fluoride to the surfaces of the teeth is a procedure in which dental auxiliaries are trained. Serious consideration was given to this during the year as it has been shown that a significant reduction in the onset of dental caries should result. It was felt, however, that amongst other considerations, the time required for this treatment, both on the part of the patient and the operator, would not justify its routine application. This in fact was the conclusion of a Ministry of Education Working Party appointed in 1949.

During the year, visits were made to an appreciable number of primary and infants' schools to talk on dental health. The helpful co-operation of the schools staffs on these occasions was greatly appreciated. An exhibit was put together for the Southampton Show during July. Well over four thousand pamphlets and booklets on

dental health were distributed; encouraging interest being shown by both children and parents. Whilst results are difficult to demonstrate, it is hoped that repeated efforts will get our message across, at least to the children.

The most important dental event this year was the decision that fluoridation of drinking water should not be adopted. The basic importance of this measure to dental health and the practice of dentistry cannot be over emphasized. The disappointment is less bitter, however, with the knowledge that, should circumstances change, the City Council remains in favour on principle.

Dental disease is largely preventable and much more attention should be directed toward publicising this fact, which does not receive the serious attention which it merits.

Dietary sloppiness is well illustrated by the daily dirge of the ice cream salesmen's chimes and by the endless chewing and sweet sucking of so many schoolchildren, eloquent of the conflict between dental health and commercial interests. Surely most homes could afford to provide at least three meals a day of sufficient content and variety to render unwanted and unnecessary all the synthetic, non-nutritive, 'between-meal snacks' and sweets, which are so dentally destructive. Diet may appear at first sight to be rather far removed from dentistry but in fact the relationship is very close.

Health is indivisible and dental health education cannot be viewed entirely in isolation. Nevertheless health education in general occupies a very small part in the curriculum of most schools: certainly dental health requires far more emphasis in education.

The dental resources of this country are insufficient to attain and support real dental health for all those who are in need of treatment. Some basic re-appraisal is necessary if further progress is to be achieved. The immediate change necessary is to adopt a policy of prevention. This requires action which at present can only be taken by local authorities.

Artificial Sunlight Clinics

Facilities for artificial sunlight are available at the six clinics listed below. The Authority's medical staff mainly recommend treatment when it is felt children would benefit from a course of artificial sunlight. General practitioners also do occasionally send children along for treatment. The following table shows details of courses arranged.

ATTENDANCES AT ARTIFICIAL SUNLIGHT CLINIC

Clinic	Under School Age		School Age		Total	
	New	Old	New	Old	New	Old
Sydney House ..	—	—	—	—	—	—
Swaythling ..	—	—	1	12	1	12
Bitterne Park ..	—	—	—	—	—	—
Surrey House ..	5	31	19	152	24	183
Millbrook ..	—	—	8	51	8	51
Central ..	—	—	3	25	3	25
TOTAL ..	5	31	31	240	36	271

Ophthalmic Clinic

There are three Ophthalmic Surgeons, Mr. J. Keyms, Dr. Janet Simpson and Mr. C. B. Walker, each conducting one session per week at the Central Health Clinic.

Mr. Walker reports—Attendances remained at about the same level as the previous year and the waiting list for new cases is reasonably well under control.

The following table summarises the work carried out during the year and shows comparative figures for the years 1964 and 1965.

	1964	1965	1966
Attendances at clinic	2,418	2,587	2,543
Individual children seen by specialist ..	1,519	1,617	1,563
Submitted to refraction	775	807	697
Glasses prescribed	722	755	636
Received other treatment	14	21	36
Placed under observation	524	545	614
Found not to require treatment or observation	91	152	113
Number of individual children for whom spectacles were:			
(a) Prescribed	692	691	555
(b) Obtained	*635	*615	*490

* This figure includes children for whom glasses were prescribed but not provided during the previous year.

Ear, Nose and Throat Clinic

Mr. B. Sugden, Aural Surgeon, reports on the work of this clinic—The Ear, Nose and Throat Clinic held twice weekly at the Central Health Clinic continues to provide a comprehensive service in this speciality. All the facilities of such a department of any general hospital are available under ideal working and psychological conditions for children.

In-patient accommodation for medical and surgical treatment is available in the Ear, Nose and Throat wards of the Southampton General Hospital where the segregation of children from adults results in a happy and almost ‘convalescent-home’ atmosphere.

Too much credit cannot be given to the provision of complete ancillary services for speech therapy, auditory training, routine audiometry and special classes with modern scientific equipment for the education of the grossly deaf child. The staffs of these departments deserve the highest praise and the thanks of the community. Finally, the Audiological Research Unit of the Southampton University continues to provide the most advanced methods of investigation of obscure cases of deafness and also the services of their Senior Research Fellow for regular attendance at one of the established clinic sessions at East Park Terrace.

A summary of the work at the Aural Clinic in 1966 is shown in the following table:

Total attendances	..	..	..	..	..	..	1,579
New cases for consultation	..	..	..	..	..	..	731
Return cases for review or treatment	..	..	..	..	..	..	848
Tonsil and adenoid operations	..	..	..	..	..	..	186
Nasal and aural operations	..	..	..	..	..	..	15
Audiographs	..	..	..	..	..	..	66

Orthopaedic Clinic

Dr. F. R. Hollins reports—Throughout 1966 the minor orthopaedic clinic continued to provide supervision and treatment for school and pre-school children suffering from minor postural defects. Details of attendances and the principal conditions are shown in the following tables.

Conditions:							
Genu valgum	..	..	..	..	..	..	136
Pes valgus	..	..	..	..	..	..	156
Tibial torsion	..	..	..	..	..	..	51
Scoliosis	..	..	..	..	..	..	65
Kyphosis and lordosis	..	..	..	..	..	..	52
Defects of fingers and toes	..	..	..	..	..	..	31
Other conditions	..	..	..	..	..	..	69
							560

ANALYSIS OF ATTENDANCES AT MINOR ORTHOPAEDIC CLINIC

Classification	Pre-School		School Age		Total	
	New	Old	New	Old	New	Old
Feet and legs ..	83	34	308	120	391	154
Spine	2	—	84	31	86	31
TOTAL ..	85	34	392	151	477	185

It will be noted that the total attendance figure was 560 compared with 609 for the previous year. For about five months of the year a qualified physiotherapist held remedial exercise classes at selected schools and clinics, but, unfortunately, there was a rather lengthy period following the resignation early in the year of the officer appointed in 1965 when the post was vacant. However, a successor was appointed in September 1966, and by the end of the year all classes were functioning again. Details of these are shown in the report of the physiotherapist.

Cases are normally referred from routine school medical examinations, inspection clinics and toddler clinics. All these children are dealt with in one of three ways. Those which appear to require some specialised form of treatment, or which are suffering from some major orthopaedic condition, are referred to the Orthopaedic Specialist at the Royal South Hants Hospital with whom a close liaison is maintained. Those who have minimal lesions not requiring immediate treatment are kept under observation to ensure that the conditions clear spontaneously. This applies in particular to the pre-school children and does much to alleviate parental anxiety. The largest group are those with moderate postural defects affecting back and feet. The ideal treatment for these children is a course of specialised remedial exercises carried out under supervision.

Immunisation and Vaccination

The usual propaganda continued during 1966—birthday cards accompanied with leaflets being sent to all children on attaining their first birthday, stressing to the parents the dangers of diphtheria, poliomyelitis, whooping cough, tetanus and smallpox. Parents are advised that immunisation and vaccination is available either by their family doctor or at any of the Authority's Health Centres and that treatment is free of charge.

Records are, however, only required in respect of children who have not reached the age of 16 years.

DIPHTHERIA IMMUNISATION—Primary courses of immunisation and reinforcing courses remained on a par with the year 1965—3,274 primary courses and 2,853 reinforcing courses in 1966 as compared with 3,250 primary and 2,702 re-vaccinations during the previous year.

	Primary Courses		Re-inforcing Courses	
Immunisation at Clinics	1,504	(1,339)	1,727	(1,552)
Immunisation by Private Doctors ..	1,770	(1,911)	1,126	(1,150)
TOTAL ..	3,274	(3,250)	2,853	(2,702)

(Figures in brackets refer to the year 1965).

WHOOPING COUGH IMMUNISATION—Facilities at the clinics continued for parents who wished to take advantage of immunisation of children against whooping cough. During the year 3,087 children received treatment.

TETANUS IMMUNISATION—Triple (DTP) combined (diphtheria and tetanus) or the single antigens are given whichever is thought advisable and during the year 3,665 children were immunised against tetanus.

POLIOMYELITIS VACCINATION—Of the 3,750 children receiving a primary course of vaccination 14 were vaccinated with salk vaccine and 154 with quadruple vaccine. This latter vaccination is only given by general practitioners as the Ministry of Health has not approved the use of this vaccine in Local Authority clinics. The remaining 3,582 children were given oral vaccine.

TABLE 1
Completed Primary Courses. Number of persons under age 16.

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1966	1965	1964	1963	1959-62		
1 Quadruple DTPP	59	59	27	2	7	—	154
2 Triple DTP	827	1605	259	75	141	22	2929
3 Diphtheria/Pertussis	—	3	—	—	1	—	4
4 Diphtheria/Tetanus	5	5	9	12	122	32	185
5 Diphtheria	—	—	—	—	2	—	2
6 Pertussis	—	—	—	—	—	—	—
7 Tetanus	—	—	—	—	69	328	397
8 Salk	3	5	1	1	2	2	14
9 Sabin	766	1859	352	148	341	116	3582
10 Lines 1+2+3+4+5 (Diphtheria) ..	891	1672	295	89	273	54	3274
11 Lines 1+2+3+6 (Whooping Cough) ..	886	1667	286	77	149	22	3087
12 Lines 1+2+4+7 (Tetanus)	891	1669	295	89	339	382	3665
13 Lines 1+8+9 (Polio)	828	1923	380	151	350	118	3750

TABLE 2
Reinforcing Doses. Number of persons under age 16.

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1966	1965	1964	1963	1959- 62		
1 Quadruple DTPP.. .. .	—	1	9	—	11	—	21
2 Triple DTP	7	211	546	137	505	45	1451
3 Diphtheria/Pertussis	—	2	6	2	13	4	27
4 Diphtheria/Tetanus	3	8	32	14	1004	137	1198
5 Diphtheria	—	1	2	2	104	47	156
6 Pertussis	—	—	—	—	—	—	—
7 Tetanus	—	—	—	1	90	255	346
8 Salk	—	—	—	—	7	7	14
9 Sabin	5	158	456	103	1478	309	2509
10 Lines 1+2+3+4+5 (Diphtheria) ..	10	223	595	155	1637	233	2853
11 Lines 1+2+3+6 (Whooping Cough) ..	7	214	561	139	529	49	1499
12 Lines 1+2+4+7 (Tetanus)	10	220	587	152	1610	437	3016
13 Lines 1+8+9 (Polio)	5	159	465	103	1496	316	2544

SMALLPOX VACCINATION—Although it is pleasing to note there is an increase of thirty-six per cent of children vaccinated as compared with the previous year the vaccinal state is far from satisfactory and every effort must be made to bring this up to as near the 100% level as possible. It is sad to think that the public in general only respond to the acceptance of treatment when a crisis suddenly arises.

The following table shows successful vaccinations and re-vaccinations during 1966:

Age at date of vaccination	Under 1	1	2-4	5-15	Total
Number vaccinated	44	1,239	980	190	2,453
Number re-vaccinated	—	40	34	203	282

MEASLES VACCINATION—It will be remembered in 1965 Southampton was one of the selected centres for a trial of measles vaccine. At the end of the trial the Medical Research Council agreed to issue further supplies of vaccine for general use and vaccination was offered to children in the age group 10 months to two years.

Facilities were available at all ten of the Authority's clinics. A total of 1,185 children received vaccination and of this number 120 were vaccinated by family doctors.

B.C.G. VACCINATION—The B.C.G. vaccination of school children programme received a setback early in the year when Dr. Pauline M. Seymour-Cole, who was mainly concerned with this work, obtained

a more senior post with another Authority. It is hoped in the new year to re-organise the work on this section, whereby each School Medical Officer will carry out B.C.G. vaccinations in the senior schools they already visit for school medical inspection purposes.

Children are tuberculin ‘Heaf’ tested before being offered B.C.G. vaccination and positive reactors referred to the Chest Clinic for a miniature X-ray. Unsatisfactory results are passed to the family doctor concerned.

The following table shows details of the work during the year:

Heaf Tested	Not Read	Positive Reaction	Negative Reaction	Vaccinated
996	17	78 (7.83 %)	901 (90.46 %)	892

TUBERCULOSIS—The following table shows the number of children notified under the Public Health (Tuberculosis) Regulations, 1952, giving the previous year’s notifications in brackets.

Pulmonary Tuberculosis

Boys	..	..	..	..	..	..	..	2	(1)
Girls	..	..	..	..	..	..	..	2	(5)
Non-Pulmonary Tuberculosis									
Boys	..	..	..	..	..	..	..	0	(0)
Girls	..	..	..	..	..	..	..	0	(0)
TOTAL								4	(6)

Child and Family Guidance Clinic

STAFFING

For some months the Clinic was without a Senior Psychiatric Registrar; in July Dr. Elizabeth Nelson joined the staff. Miss C. R. East, strengthened the P.S.W. team from the beginning of March. The major problem has been in the field of Educational Psychology where Mr. Ferguson, with some sessional help from Mrs. E. M. Gould, has had to take the strain on his own. There is a serious national shortage of trained Educational Psychologists. Attempts to find candidates to fill the two vacant posts proved fruitless. Many authorities are attempting to overcome the problem by sending suitable persons (teachers with basic qualifications in Psychology) for clinical training.

CLINIC DATA

The number of psychiatric sessions held during the year was 529. There were 2,499 child and 426 parent attendances for interviews with psychiatrists. The psychiatric social workers conducted 2,481 interviews in the clinic and made 504 home visits. Almost all the work was carried out at the Central Health Clinic through psychiatrists and

psychologists as well as psychiatric social workers who sometimes saw children at home or at school. Phobic children are often taken back to school by the psychiatrist or psychologist with whom they have the best relationship.

BREAKDOWN OF WORK CARRIED OUT

Consultations	..	..	..	..	..	..	290
Treatments	..	..	..	..	..	..	1,581
Reviews	..	..	..	..	..	..	269
Intelligence tests	..	..	..	..	..	..	279
Educational tests	..	..	..	..	..	..	249
Remedial teaching	..	..	..	..	..	..	280
Psychologists' interviews with child	..	..	..	..	..	..	10
Parent interviews	..	..	..	..	..	..	2,943

Five hundred and four home visits were also made by the Psychiatric Social Workers.

Sources of referral:

Doctors from various clinics	..	..	..	..	..	102
Hospitals	..	..	..	..	..	26
Private doctors	..	..	..	..	..	66
Health visitors	..	..	..	..	..	4
Head teachers	..	..	..	..	..	75
Chief Education Officer	..	..	..	..	..	4
Chief Constable and Probation Officers	..	..	..	..	..	30
Children's Officer	..	..	..	..	..	25
Parents	..	..	..	..	..	26
Speech Therapist	..	..	..	..	..	3
N.S.P.C.C.	..	..	..	..	..	1
Marriage Guidance	..	..	..	..	..	1
TOTAL						363

FEATURES OF THE YEAR'S WORK

A year ago, mention was made of the increasing numbers of pre-school children referred for assessment and advice. During the year 42 children in this category were referred. Few of these young children turn out to be seriously disturbed. Psychiatric treatment is required infrequently. Some of the problems are partly the result of high density living with limited opportunities for play. Better nursery education facilities should help greatly. Quite a number of these children go to the Dorset Street play group and the change in the children, often after only a few weeks, is frequently remarkable.

In the early days of the Child Guidance movement few subnormal children attended, and their referral was not encouraged. Families with subnormal children are commonly under great stress and often need the kind of help that the Child and Family Guidance Clinic provides. Many such families are deriving support and help from the

Clinic in Southampton. Many of these children would benefit from specialised play groups (with high staff-children ratios) or from daily attendance at a Junior Training Centre equipped to take children at the nursery stage.

Relationships with the paediatricians and the hospital services are excellent and uncomplicated. Transfers of cases in both directions between the Children's Hospital and the Clinic are easily arranged through Dr. Bartlet who is attached to both. Dr. Bartlet also links up with Mr. N. V. Morgan, Consultant in Ear, Nose and Throat Surgery, and Dr. B. Davies of the School Health Service at a special monthly clinic to investigate difficult diagnostic problems in the fields of speech and hearing. This Clinic is at the Royal South Hants Hospital.

EDUCATIONAL ASPECTS OF THE CLINIC'S WORK

Attention was drawn to the Clinic's Educational functions in the last Annual Report. These are as important as ever. Four students from the Applied Social Studies Course did their practical work in the Clinic. Dr. Bartlet and Miss Beatty began to contribute to a long term project designed to help general practitioners carry out family-oriented psychotherapy; this group meets fortnightly at a very late hour in the evening after the doctors concerned have finished their surgeries. A close link has been established between the Clinic and the Wessex School of Psychiatry. One of the results of this is that several doctors interested in psychiatry at a post-graduate level attended sessions with the consultants at the clinic. Most members of staff were called upon to lecture to professional and lay groups. A film evening was organised by Miss East in October and approximately 60 workers and students from related fields attended.

School Psychological Service

(a) GENERAL

During 1966 the work of the School Psychological Service has continued to be handicapped by shortage of staff. The establishment is now for 3 Educational Psychologists, working half-time in School Psychological Service and half-time in the Child and Family Guidance Clinic. Despite repeated advertisements, no suitable applicants applied for either of the two vacant posts, which were still unfilled by the end of the year. The work of the Service therefore fell almost entirely on the present full-time Psychologist, Mr. I. R. Ferguson. However, the appointment in March of Mrs. E. M. Gould as a part-time Psychologist to the Clinic and School Service for one session a week has done something to relieve the pressure. At the end of the year the waiting list of cases stood at approximately 60 and, apart from urgent cases, the delay between referral and investigation stood at about three months. If it had not been for the

forbearance of Head Teachers in refraining from referring all but the more urgent cases, the waiting list would have been even greater.

Comparison with the figures for 1964, the last complete year when there were two Psychologists, shows a considerable fall in the number of cases seen. The 1964 figures are in brackets—individual intelligence tests 103 (166), educational tests 82 (131) and interviews with teachers (a) concerning particular children 46 (97), (b) more general discussions 28 (54). As far as possible, priority was given to the assessment of handicapped children (whether spastic, deaf, mentally handicapped, maladjusted or suffering from speech difficulties).

The School Psychological side of the work has suffered more from the shortage of staff in the past year than the Child Guidance side, where, for example, the number of intelligence tests done fell from 334 in 1964 to 279 in the present year. This was due to its being felt that emotionally disturbed children should not be deprived of a psychological assessment and also because the Clinic (apart from Psychologists) continued to be fully staffed.

(b) BELLEMOOR ADJUSTMENT UNIT

Bellemoor Adjustment Unit continued to function successfully with Mr. D. C. Young as teacher in charge. Mrs. M. Cornick resigned in May in order to have a baby, and her place was taken in June by Miss P. C. Potter, who previously taught at Lord Mayor Treloar Hospital School. Mrs. Greenacre, one of the part-time teachers, moved to Dorset in July, but her colleague, Mrs. Morten, has continued to teach the older and more able pupils for three half-days per week.

Forty-one children (29 boys and 12 girls) attended Bellemoor Unit during the year. Of these, 16 entered the Unit before January 1966 and 21 remained there after December. Only four of those who had been admitted before January 1966 remained beyond December. Of the 20 pupils discharged during the year, 9 returned to full-time attendance at ordinary school, 6 left on reaching school-leaving age, 4 went to residential schools for maladjusted pupils and 1 was admitted to Leigh House Residential Unit for Disturbed Adolescents.

Fifteen of the children continued to attend their ordinary school while coming to Bellemoor, but the other 26 were unable to do so. In 1965 28.3% and in 1966 only 27.3% of the pupils were able to continue at their ordinary schools. These are much lower proportions than in previous years and it is now clear that, as almost three-quarters of the pupils are unable to attend their ordinary schools while at Bellemoor, there are strong grounds for developing Bellemoor as a full-time Unit where the majority of the pupils could attend for ten sessions a week, instead of four as at present.

Speech Clinic

Mrs. D. M. Walker, Senior Speech Therapist, reports that the Speech Therapy Service in Southampton was well maintained during the year. Mrs. Janet Callaway left the staff in June 1966 and unfortunately, the vacancy thus created has not been filled—due to the national shortage of qualified speech therapists.

Classes have been created at Thornhill Infants' School and Wimpson Infants' School for children of mixed handicaps. Several children with very defective speech attend these classes and speech treatment is available two or three times a week. The session at Red Lodge Secondary E.S.N. School has been discontinued due to staffing difficulties.

Sessions conducted by the Speech Therapists:

East Park Terrace	..	..	..	..	..	166
Harefield ..	..	..	..	..	..	93
Oatlands House	..	..	..	..	..	116
Millbrook	..	..	..	..	..	110
Surrey House	..	..	..	..	..	105
Sydney House	..	..	..	..	..	63
Swaythling	..	..	..	..	..	45
Home and school visits	..	..	..	..	..	143
Bitterne Park	..	..	..	..	..	32

Attendances at Clinics:

East Park Terrace	..	..	..	..	..	746
Harefield ..	..	..	..	..	..	422
Oatlands House	..	..	..	..	..	318
Millbrook	..	..	..	..	..	481
Surrey House	..	..	..	..	..	367
Sydney House	..	..	..	..	..	297
Swaythling	..	..	..	..	..	328
Bitterne Park	..	..	..	..	..	117
Home and school visits	..	..	..	..	..	1,673

TOTAL .. 4,849

Treatments given	..	..	..	..	..	4,543
Consultations	..	..	..	..	..	158
Check Examinations	..	..	..	..	..	148
Children Discharged	..	..	..	..	..	228
Children on register 31st December, 1966	..	..	..	..	..	316

Children on Waiting List:

(a) for first consultation	..	..	..	185
(b) for check examination	..	..	..	157

342

The children discharged were classified as follows:

	Normal Speech		Much Improved		Non-co-operation		No defect noted		Unsuitable for treatment		Left district		Left school		Transferred to another clinic		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Dyslalia ..	40	25	17	8	20	5	—	—	4	5	8	1	—	—	1	—	90	44
Dyslalia due to mental retardation	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	3	—
Speech and language retardation ..	7	5	3	—	4	1	—	—	—	—	4	1	—	—	1	—	19	7
Stammering ..	2	5	9	6	7	—	—	—	1	—	2	—	2	—	1	—	24	11
Stammering and Dyslalia ..	—	—	1	1	—	—	—	—	—	—	1	—	—	—	—	—	2	1
Cleft Palate and Rhinophonia ..	1	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	2	1
Dyseneia ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—
No defect noted ..	—	—	—	—	—	—	17	6	—	—	—	—	—	—	—	—	17	6
TOTALS ..	50	36	30	15	31	6	17	6	8	5	16	2	2	—	4	—	158	70

Remedial Exercises

Report of the Physiotherapist—Due to a break in continuity of three months, viz., June, July and August, this being the period between the resignation of Mr. Beavis and the appointment of Mr. Archer, the figures given in the table below apply to nine months only.

During the first five months of the year there were 890 attendances from 61 children receiving treatment at the Centres. From 1st September to 31st December there were 820 attendances and the table shows the number of children under treatment, including 54 continuing from the care of Mr. Beavis.

Feet and ankle conditions predominate and consist mainly of pes planus and pes valgus abnormalities with associated genu valgus in quite a number of cases.

The number of children recommended for postural correction has increased and those requiring breathing exercises has risen to 10. These latter children invariably require postural correction as well.

As the pattern of work has demanded, the Centres have changed slightly since the previous year and are constantly under review. The new Clinic at Thornhill is now included and is reflecting the size of the Estate with rapidly increasing numbers.

Attendances during January to May were 890 and during September to December 820 making a total for the year of 1,710 attendances. The following table shows the number of children attending the centres from the period 1st September to 31st December, 1966.

Name of Centre								No. of Children Attending
Banister School	..	..	..	..	..	..	..	6
Bitterne Park Clinic	..	..	..	..	..	..	..	9
Central Health Clinic	..	..	..	..	..	..	..	9
Foundry Lane School	..	..	..	..	..	..	..	6
Harefield Clinic	..	..	..	..	..	..	..	3
Millbrook Secondary School	..	..	..	..	..	..	..	15
Oatlands House Clinic	..	..	..	..	..	..	..	12
Surrey House Clinic	..	..	..	..	..	..	..	7
Swaythling Clinic	..	..	..	..	..	..	..	15
Sydney House Clinic	..	..	..	..	..	..	..	11
Thornhill Clinic	..	..	..	..	..	..	..	7
Weston Park Secondary School	..	..	..	..	..	..	..	7
TOTAL								107

Medical Examination of Teachers and Entrants to Courses of Training

Local Authority Medical Officers carried out the medical examination of teaching candidates and entrants to training colleges at special sessions at the various clinics. Medical clearance was arranged for 29 teachers (14 males and 15 females) and 197 training college candidates (51 males and 146 females) during 1966.

Employment of Children

During the year 213 girls and 594 boys were examined and passed as being fit for employment.

SUMMARY OF ATTENDANCES AT MUNICIPAL CLINICS DURING 1966

During the year 65,879 attendances were made at the various clinics, and are summarised in the following table:

Clinic	Bit- terne Park	Central	Hare- field	Mill- brook	Oat- lands House	Surrey House	Swayth- ling	Sydney House	Thorn- hill	Town- hill Park	Haze- leigh Avenue	Totals
Dental ..	—	5,938	2,284	3,699	2,746	3,041	—	—	—	—	—	17,708
Skin ..	811	2,416	1,389	1,948	1,589	1,251	929	611	572	14	—	13,530
General Condition ..	176	487	358	523	391	582	347	608	110	3	—	3,585
Sunlight ..	—	24	—	59	—	207	13	—	—	—	—	303
Ophthalmic ..	—	2,543	—	—	—	—	—	—	—	—	—	2,543
Ear, Nose and Throat ..	—	1,579	—	—	—	—	—	—	—	—	—	1,579
Orthopaedic ..	—	652	—	—	—	—	—	—	—	—	—	652
Remedial Exercises ..	178	191	61	23	177	98	199	184	36	—	—	1,147
Immunisation and Vaccination ..	1,534	2,547	1,068	2,083	2,096	2,070	1,979	3,133	1,361	399	632	18,902
Child Guidance ..	—	2,476	—	—	—	—	—	—	—	—	—	2,476
Speech ..	128	725	402	482	419	372	328	310	—	—	—	3,166
Audiograph ..	—	62	—	—	—	—	—	—	—	—	—	62
Teachers' Exams., etc. ..	38	42	11	25	17	8	84	1	—	—	—	226
TOTALS ..	2,865	19,682	5,573	8,842	7,435	7,629	3,879	6,847	2,079	416	632	65,879

III—HANDICAPPED PUPILS

Blind and Partially Sighted Children

Dr. H. H. Bradbury reports—The number of children who are blind or partially sighted to a degree calling for education in special schools remains small. In July, a girl was diagnosed as having Neurolipoidosis. Her condition deteriorated rapidly and in August she was registered as a blind person. Two months later she was admitted to a special school for blind pupils.

A boy was, however, considered to have improved and was recommended to be transferred from a residential school catering for children who are educationally subnormal and partially sighted to an E.S.N. Day School. It was hoped to arrange this transfer early in 1967.

Deaf and Partially Hearing Children

Dr. B. Davies reports—The health visitors continued to carry out screening tests on 'At Risk' infants at nine months, fifteen months and two years. Unfortunately, the time available for health visitors to spend on routine visits to toddlers of two to five years is limited as is the time available for medical officers to examine healthy children of this age in the clinics. The speech development of children of this age must be carefully observed so that deaf and partially hearing children can be identified at an early age and treatment and provision of training made at the earliest possible time.

There is an increasing awareness, both among the public and professional workers in the field, of the urgent need to detect deafness early. Mothers now occasionally bring their babies to the clinics at as early an age as three months because they suspect deafness. There is a continued need to educate both professional workers and parents that if deafness is suspected or if speech development is delayed or defective, hearing tests must be carried out thoroughly and the child must not be dismissed as backward or lazy until his hearing is established as adequate for normal speech development.

The parents of deaf children may frequently make the diagnosis of deafness correctly themselves at an early age, i.e. often at six to nine months of age. However, it often takes another two to three years for the diagnosis to be established beyond doubt and treatment and special education provided. The youngest child to be given a hearing-aid in the City recently was twenty-one months old.

The method of screening of hearing in school children in the City underwent a change in 1966. Owing to the difficulty in obtaining the services of an audiometrician the appointment was made of an untrained person who had considerable knowledge of deaf children by virtue of being the mother of a deaf child herself. She was trained and commenced audiometric screening in October 1966. This test is carried out in school on all five year old children usually shortly before their first school medical inspection. The test consists of a

sweep test at a fixed intensity of 20 decibels using a performance technique. This can be done very quickly by an experienced person, and there are very few failures due to lack of co-operation. Sometimes the very dull or the very withdrawn child may need some experience with the apparatus and the technique before he or she will co-operate. The failure rate is of the order of five per cent. Children who fail this test have a full audiogram made by the audiometrician and the graph is then sent to the medical officer responsible for the school for appropriate action. As well as doing routine audiometric tests the audiometrician tests children referred to her by head teachers and school medical officers on account of suspected deafness. Also a few general practitioners are now referring children for audiometry via the School Health Service. There is thus developing a fruitful interchange of information between general practitioners and school medical officers on the problems of deafness in children and it is to be hoped there will be an increasing awareness of the importance of even minor degrees of deafness to the child in his classroom situation.

The work of the special units for the deaf and partially hearing children in the City has gone on expanding rapidly. The pattern remains the same, i.e. before the age of two the deaf child is visited at home by the teacher of the deaf, from two to five years he attends the Nursery Unit at Central Infants' School, at five years he enters the Infants Unit or very occasionally is placed at a residential school for the deaf. The Junior Unit is at Tanners Brook Junior School, and in September 1966 the new purpose-built and well equipped Secondary Unit opened at Hightown Secondary School.

The work of the teachers of the deaf continues to be constantly increased by the steady flow of immigrants into the town, i.e. parents with deaf children who wish to make use of the services provided by Southampton education authority. In 1966 children came from several other countries and one family with two deaf children came from the Punjab. These children presented the unusual problems of, one, a deaf child of eight years who had had no treatment or education and, two, the problems of teaching deaf children whose parents do not speak English. The younger child was admitted to our Nursery Unit and the older child was placed at a residential school for the deaf, where he is making very good progress in spite of a very late start.

Those partially hearing children who are able to manage in ordinary schools are visited by the teachers of the deaf. These children number about forty and the frequency of the visits that they receive from the teachers depend on their particular need.

The year 1966 saw the retirement from his post as Consultant E.N.T. Surgeon of Mr. Norman MacKeith who will be very much missed by the parents of deaf children in Southampton and Hampshire, who were his patients, for particularly as Mr. MacKeith took such

great interest in the welfare of deaf children. His monthly clinic for deaf children (or children suspected of deafness) at the Royal South Hants Hospital is now in the charge of Mr. Noel Morgan who succeeded Mr. MacKeith as Consultant E.N.T. Surgeon.

Speech Defective Children

Dr. B. Davies reports—The work of the speech therapist in 1966 was greatly hampered by staff shortage. In September 1966 a special infants' class was set up at Thornhill Infants' School; this class includes children of very varied handicaps but has provided a particular service for children with severe speech handicap; one of these was a severely aphasic child who was awaiting placement at a residential school for children with severe speech defects, while the others have had lesser speech handicaps sometimes with concomitant dullness. Intensive speech therapy is provided in the classroom situation and the speech therapists work closely with the class teacher. The results are so far very good and it is clear that early identification of these children and provision of intensive help with placement in a small group brings worthwhile results.

Delicate Children

Dr. H. H. Bradbury reports—At the termination of the year there were 70 children on the register of handicapped pupils. Of this number 2 were ascertained as being educationally subnormal and were attending Netley Court Special Day School—1 was ascertained as being maladjusted and was attending a special residential school for maladjusted children—1 was ascertained as physically handicapped and educationally subnormal and was attending a special residential school. Of the 66 who were considered delicate 49 were attending special residential open air schools on account of the following conditions:

Debility	..	..	..	..	..	..	..	26
Asthmatic	..	..	..	..	..	..	..	12
Bronchitis	..	..	..	..	..	..	..	6
Other	..	..	..	..	..	..	..	5
TOTAL								49

The number of children ascertained as being delicate during 1966 and recommended for open air schooling was 35.

Diabetic Children

Dr. M. Lebermann reports—There are nineteen diabetic children known to the School Health Service. Sixteen of these children are well controlled and attending ordinary schools, two of them in Grammar schools.

Of the remaining three children, two, aged 11 and 14 years

respectively, have been admitted to special schools for diabetic children as it has proved difficult to manage their diabetes at home. The third child, aged 7 years, has been admitted to hospital to stabilise her diabetes, and she will eventually be transferred to a special hospital for diabetics.

Educationally Subnormal Children

Dr. C. M. Atkins reports—A shadow was cast over the world of the E.S.N. schoolchild by the tragically early death of Mr. Cresswell, the headmaster of the E.S.N. Day School. I, personally, learnt much from him. His enthusiasm and his genuine valuation of the individual, irrespective of social or intellectual limitations, were inspiring. He evoked love from his pupils, trust from their parents and respect from his colleagues, to an unusual degree.

Shortly before his death, the E.S.N. Day School had been divided into a Junior Section, at Netley Court, and a Senior Section, eventually to be transferred in January 1967 to new premises at Red Lodge, Bassett. Mr. Lloyd was appointed headmaster at Netley Court and has continued running it in the friendly and permissive atmosphere established there. In particular, efforts are directed to establishing links with, and ensuring co-operation from, the home.

Efforts are constantly being made to lower the age of ascertainment of the E.S.N. child, as it is important to cater for them before years of failure have destroyed their wish to learn. This has meant obtaining the co-operation, not merely of infant school teachers, but also of the Health Visitors and Medical Officers of the Maternity and Child Welfare Clinics, so that the parents and children may be advised even before school entry.

This pre-school assessment has resulted in certain changes in the school system. There are now three Special Infants Classes in the town, at Portwood School, Wimpson, and Thornhill, all admitting children with mixed handicaps. The largest single group is, of course, that of the E.S.N. child. The Wimpson Class has included, however, a child with muscular dystrophy and cerebral palsy; a child with severe dysphasia; a tiny child with a non-specific 'failure to thrive' as well as an intellectual limitation. The Thornhill Class has had E.S.N. children, a wheel-chair spina bifida child, but especially, has catered for children with severe speech defects. The Portwood Reception Class has continued to cater for children who are functioning at a lower intellectual level, whether by reason of innate disability, emotional disturbance, or adverse social conditions. Some of them have had concomitant severe physical disabilities e.g., epilepsy and bilateral congenital cataract; polyarthritis, cardiac involvement and high blood pressure; bilateral renal disease.

A change has occurred at Portwood, however, as the earlier assessment has resulted in the diagnostic work on border-line

children being gradually transferred there, from Netley Court. The Unit has now expanded into a two-class one, with twenty children, one teacher and two nursery nurses. It was realised that this diagnostic work was sometimes also therapeutic, where social conditions had been adverse. Three of the children admitted had, for different reasons, spent most of their early years shut in one room, with no opportunity for play experience. It was, therefore, advised that some children be admitted before statutory school age. The only extra expense entailed at the moment was that of transport. A small start has thus been made to pre-school education for the socially handicapped, even before the Plowden Committee had reported in favour of it. This is still a part of the educational services for the handicapped which I should very much like to see expanded.

At the other end of the age-range, there was also an innovation. Concern has been felt over the lack of support for E.S.N. school-leavers. With the help and initiative of Miss Smith (Deputy Headmistress and Acting-Head), a start was made at providing co-ordinated care and follow-up for school-leavers. A meeting was called of representatives from the school staff, the medical services, the Mental Welfare Officers, Educational Welfare Officers, Children's Department and Youth Employment Officers. It was agreed that similar meetings should be held regularly, in future, to discuss both those children due to leave school and any problems presented by those already left. It was gratifying to learn, from the Youth Employment Officers, that the ex-pupils of the E.S.N. Day School caused much less worry than many others who had not had the benefit of attending the special school. Nevertheless, some of our school-leavers have very difficult family situations or personality problems and do require support from known and trusted sources. It was hoped that the Youth Club will still act as a meeting-place and point of contact when the school moved to its new and less central premises at Bassett.

Epileptic Children

Dr. J. J. Phillips reports—Many epileptic pupils are under the care of their own doctors and others under hospital supervision as out-patients. One is able to attend normal school.

During the year under review seven pupils with epilepsy were attending special hospital schools as boarders.

In addition two pupils with epilepsy were attending Netley Court School as day pupils. Both of these are under hospital surveillance as out-patients.

Physically Handicapped Children

Dr. A. C. Franks reports—There are 40 children on the Physically Handicapped Register; of these, 11 of school age attend Aster House School (for Physically Handicapped Children) as day children, the

remainder are either placed at Residential Schools or are integrated into the City School system with special provision for transport, and their care at school. During the year 59 physically handicapped children have been examined so that a recommendation about their care and schooling can be made to the Education Authority.

In addition every two months the Combined Clinic (including a panel of Children's Physician, Surgeon, Psychiatrist, as well as local authorising Medical Officer) has met to discuss the management of children with multiple physical defects.

Examinations carried out during 1966

Referred as physically handicapped children	59
Referred as educationally subnormal	165
Total examinations ..	224

As a result of these examinations, the under-mentioned recommendations were made to the Education Committee:

PHYSICAL CASES—

Open-air school for delicate pupils	35
Deaf School	3
Partially Deaf	2
Epileptic Colony	1
Partially sighted	1
School for physically handicapped pupils	6

OTHER CASES—

Unsuitable for education at school	17
Required supervision after leaving school	3
Special school (Day) as educationally subnormal ..	70
Special school (Boarding) as educationally subnormal	8
Ordinary school as educationally subnormal	25
Deferred	13

HANDICAPPED PUPILS ON REGISTER

Blind	5
Partially Sighted	8
Deaf	7
Partially Deaf	47
Delicate	66
Educationally Subnormal	311
Educationally Subnormal and Partially Deaf	3
Educationally Subnormal and Delicate	2
Educationally Subnormal and Diabetic	1
Educationally Subnormal and Epileptic	4
Educationally Subnormal and Maladjusted	14
Educationally Subnormal and Partially Sighted ..	2
Educationally Subnormal and Physically Handicapped ..	2

Educationally Subnormal and Speech Defect	..	..	2
Epileptic	..	..	5
Maladjusted	..	..	60
Maladjusted and Delicate	..	..	1
Physically Handicapped	..	..	40
Physically Handicapped and Partially Sighted	..	..	1
Physically Handicapped, Delicate and E.S.N.	..	..	1
Physically Handicapped and Epileptic	..	..	1
Speech Defect	..	..	6
Diabetic	..	..	1
TOTAL			590

Handicapped Pupils newly placed in Special Schools or Homes—			
Physically Defective	..	..	46
Educationally Subnormal:			
Residential	..	..	6
Day	..	..	56
Maladjusted	..	..	15
TOTAL			123

Handicapped Pupils in Special Schools and Homes, at 31st December, 1966—

Blind	..	..	5
Partially Blind	..	..	3
Deaf	..	..	9
Partially Deaf	..	..	4
Delicate	..	..	49
Physically Handicapped:			
Residential	..	..	16
Day	..	..	*19
Epileptic	..	..	6
Maladjusted	..	..	31
Educationally Subnormal:			
Residential	..	..	33
Day	..	..	208
Diagnostic Classes:			
Portswood Junior Mixed and Infants School	..		20
Wimpson Infants' School	..	..	5
Thornhill Infants' School	..	..	12
Special Deaf Classes:			
Central Infants' School	..	..	21
Tanners Brook Junior School	..	..	19
Hightown Secondary Mixed School..	..	..	3
Speech Defect	..	..	1

* Includes 8 from Hampshire County Area.

APPENDIX A

DEPARTMENT OF EDUCATION AND SCIENCE STATISTICAL RETURNS

YEAR ENDED 31ST DECEMBER, 1966

FORM 8M

Number of pupils on registers of maintained primary, secondary, special and nursery schools in January, 1967: 35,532

PART I—Medical Inspection of pupils attending maintained primary and secondary schools (including nursery and special schools).

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age groups inspected (by year of birth)	No. of Pupils who have received full medical examination	Physical condition of pupils inspected		No. of pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
1962 and later	—	—	—	—	—	—	—
1961	1510	1509	1	—	41	290	312
1960	1845	1845	—	—	49	331	361
1959	175	175	—	—	10	32	39
1958	65	65	—	—	5	12	15
1957	69	69	—	—	5	11	15
1956	60	60	—	—	11	12	16
1955	1872	1866	6	—	145	219	329
1954	905	903	2	—	70	103	162
1953	50	50	—	—	6	4	9
1952	1242	1242	—	—	132	153	259
1951 and earlier	1588	1586	2	—	163	115	263
TOTAL	9381	9370	11	—	637	1282	1780

Col. (3) total as a percentage of Col. (2) total 99.88%

Col. (4) total as a percentage of Col. (2) total 0.12%

TABLE B—OTHER INSPECTIONS

Number of Special Inspections	..	..	..	..	6,959
Number of Re-inspections	..	..	..	..	9,334
TOTAL	..	..	..	..	16,293

TABLE C—INFESTATION WITH VERMIN

Notes:

All cases of infestation, however slight, are recorded, and the numbers recorded relate to individual pupils and not to instances of infestation.

(a) Total number of examinations of pupils in schools by school nurses or other authorised persons	41,258
(b) Total number of individual pupils found to be infested . .	200
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	91
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

PART II—Defects found by Periodic and Medical Inspection

Defect Code No.	Defect or Disease	Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
4	Skin T	78	109	109	296	1,141
		O 118	100	97	315	4
5	Eyes: a. Vision .. T	91	293	253	637	574
		O 355	304	266	925	621
	b. Squint .. T	61	10	16	87	21
		O 59	8	22	89	7
	c. Other .. T	12	3	8	23	29
		O 13	8	22	43	3
6	Ears: a. Hearing .. T	78	19	30	127	213
		O 158	17	78	253	13
	b. Otitis Media T	38	5	13	56	9
		O 39	2	15	56	3
	c. Other .. T	11	2	3	16	56
		O 53	9	20	82	2
7	Nose and Throat T	153	21	67	241	209
		O 542	62	239	843	49
8	Speech T	111	4	15	130	6
		O 155	4	37	196	5
9	Lymphatic Glands .. O	18	2	2	22	3
		O 258	18	69	345	5
10	Heart T	16	8	13	37	7
		O 115	32	41	188	1
11	Lungs T	77	24	20	121	1
		O 215	49	88	352	3
12	Developmental: a. Hernia .. T	8	2	1	11	—
		O 12	6	6	24	—
	b. Other .. T	16	4	19	39	10
		O 134	42	95	271	4
13	Orthopaedic: a. Posture .. T	11	7	12	30	31
		O 43	40	49	132	8
	b. Feet .. T	59	22	35	116	90
		O 196	99	120	415	33
	c. Other .. T	18	12	18	48	63
		O 108	59	65	232	32
14	Nervous System: a. Epilepsy .. T	4	4	7	15	1
		O 9	7	11	27	—
	b. Other .. T	5	2	2	9	—
		O 24	9	21	54	—
15	Psychological: a. Development T	7	2	9	18	168
		O 130	15	93	238	9
	b. Stability .. T	60	12	25	97	4
		O 271	29	145	445	6
16	Abdomen .. T	16	9	11	36	2
		O 40	15	24	79	2
17	Other T	42	37	34	113	926
		O 60	102	99	261	16

PART III—Treatment of pupils attending maintained Primary and Secondary Schools (including Nursery and Special Schools).

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	38
Errors of refraction (including squint)	719
TOTAL ..	757
Number of pupils for whom spectacles were prescribed	555

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear	9
(b) for adenoids and chronic tonsillitis	197
(c) for other nose and throat conditions	14
Received other forms of treatment	682
TOTAL ..	902
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1966	8
(b) in previous years	58

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been dealt with
Pupils treated at clinics or out-patients departments	598
Pupils treated at school for postural defects ..	40
TOTAL ..	638

TABLE D—DISEASES OF THE SKIN

	Number of cases known to have been dealt with
Ringworm:	
(i) Scalp	1
(ii) Body	3
Scabies	21
Impetigo	21
Other skin diseases	1,581
TOTAL ..	1,627

TABLE E—CHILD GUIDANCE TREATMENT

	Number of cases known to have been dealt with
Pupils treated at Child Guidance Clinic	790

TABLE F—SPEECH THERAPY

	Number of cases known to have been dealt with
Number of pupils treated by Speech therapists ..	456

TABLE G—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
Pupils with minor ailments	1,034
Pupils who received convalescent treatment under School Health Service arrangements	—
Pupils who received B.C.G. vaccination	892
Other than above:	
(i) Rheumatism and Heart	5
(ii) Nervous System	4
(iii) Developmental	10
(iv) Lungs	17
TOTAL ..	1,962

FORM 28M

Dental Inspection and Treatment carried out by the Authority

ATTENDANCES AND TREATMENT

First visit	..	..	..	..	..	..	..	4,486
Subsequent visits	..	..	..	..	..	..	..	8,565
Total visits	..	..	..	..	..	..	..	13,051
Additional courses of treatment commenced	..	..						324
Fillings in permanent teeth	..	..	..	..				9,256
Fillings in deciduous teeth	..	..	..	..				4,653
Permanent teeth filled	..	..	..	..	..			7,380
Deciduous teeth filled	..	..	..	..	..			4,218
Permanent teeth extracted	..	..	..	..	..			520
Deciduous teeth extracted	..	..	..	..	..			2,299
General anaesthetics	..	..	..	..	..			776
Emergencies	..	..	..	..	..	..		361
Number of pupils X-rayed	..	..	..	..	..	..		155
Prophylaxis	..	..	..	..	..	..		1,123
Teeth otherwise conserved	..	..	..	..	..	..		882
Number of teeth roots filled	..	..	..	..	..	..		19
Inlays	..	..	..	..	..	..		—
Crowns	..	..	..	..	..	..		14
Courses of treatment completed	..	..	..	..	..	..		4,039

ORTHODONTICS

Cases remaining from previous year	..	..	..					22
New cases commenced during year	..	..	..					44
Cases completed during year	..	..	..	..				40
Cases discontinued during year	..	..	..	..				3
Number of removable appliances fitted	..	..	..	..				62
Number of fixed appliances fitted	..	..	..	..				—
Pupils referred to Hospital Consultant	..	..	..	..				10

PROSTHETICS

Pupils supplied with Full Upper or Full Lower (first time)	—
Pupils supplied with other dentures (first time) ..	15
Number of dentures supplied	17

ANAESTHETICS

General Anaesthetics administered by Dental Officers ..	67
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INSPECTIONS

(a) First inspection at school:	
Number of Pupils	15,395
(b) First inspection at clinic:	
Number of pupils	3,153
Number of (a) and (b) found to require treatment ..	12,736
Number of (a) and (b) offered treatment	12,184
(c) Pupils re-inspected at school clinic	4,543
Number of (c) found to require treatment	3,224

SESSIONS

Sessions devoted to treatment	2,616
Sessions devoted to inspection	161
Sessions devoted to Dental Health Education	165

APPENDIX B

School Meals

The total number of meals served during the year was 4,128,591, including those served at the four Grammar Schools viz. Taunton's, King Edward VI, Itchen and the Grammar School for Girls.

On the 21st September, 1966, when figures were supplied to the Department of Education and Science for School Meals statistics, there were 20,750 children taking meals. The percentage of free meals was 5.97 %. The number of children taking meals was drawn from the following schools:

Aldermoor Junior and Infants..	440	Netley Court and Annexe ..	192
Aster House	25	Northam Junior and Infants ..	65
Banister	166	Portswood Junior and Infants ..	217
Bassett Green Junior and Infants	598	Redbridge Junior and Infants ..	154
Beechwood	294	Redbridge Secondary	370
Bevois Town	173	Regents Park Secondary Boys	
Bitterne Manor	166	and Girls	266
Bitterne Park Secondary ..	389	Shirley Junior and Infants ..	553
Bitterne Park Junior and Infants	610	Shirley Warren Secondary ..	268
Bitterne C.E. Junior and Infants	378	Shirley Warren Junior	221
Central Junior and Infants ..	363	Shirley Warren Infants	97
Deanery Secondary	221	Sholing Secondary Girls ..	215
Foundry Lane Junior and Infants	334	Sholing Junior and Infants ..	339
Freemantle C.E.	149	St. Denys Junior and Infants ..	185
Glenfield	207	St. George R.C. Secondary ..	490
Glen Eyre Secondary Boys ..	275	St. John's	203
Glen Eyre Secondary Girls ..	297	St. Jude's C.E.	84
Harefield Junior and Infants ..	375	St. Mark's C.E.	160
Heathfield Junior and Infants ..	491	St. Mary's Junior and Infants ..	236
Highfield C.E.	220	St. Monica	282
Hightown Secondary	504	Springhill R.C.	364
Hightown Junior and Infants ..	555	Swaythling Junior and Infants..	207
Hampton Park Secondary ..	212	Tanners Brook Junior and Infants	307
Hollybrook Junior and Infants..	166	Thornhill Junior and Infants ..	497
Holy Family R.C.	269	Western Secondary	190
Kanes Hill	232	Weston Park Secondary Boys ..	315
Ludlow Junior and Infants ..	632	Weston Park Secondary Girls ..	313
Mansbridge	188	Weston Park Junior and Infants	586
Mansel Junior and Infants ..	351	Wimpson Junior and Infants ..	470
Merry Oak Secondary Boys ..	279	Woolston Secondary	261
Millbrook Secondary Boys ..	242	Woolston R.C.	166
Millbrook Secondary Girls ..	307	Woolston Infants	68
Moorhill Secondary	348	Grammar School for Girls ..	652
Moorhill Junior and Infants ..	182	Itchen Grammar School	220
Mount Pleasant Secondary ..	204	King Edward VI School	547
Newlands Junior and Infants ..	302	Taunton's Grammar School ..	506

Adexolin Capsules

During the year 532 children were recommended by the school medical officers to have adexolin capsules at school. At the end of the year 3,111 children were having capsules and were supplied free of charge.

Milk in School

During the year 5,060,383 third pints of milk were consumed by the children in the schools and were supplied free of charge.

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